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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b>	13064US02
		<b>First Inventor</b>	Bowers Jr., et al.
		<b>Title</b>	Methods To Stabilize A Viscosity-Unstable Aqueous Dispersion Of Carbon
		<b>Express Mail Label No.</b>	EL 929183021 US
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p><p>2. <input type="checkbox"/> <b>Applicant claims small entity status.</b> See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <u>23</u>] <small>(preferred arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&amp;D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p><p>4. <input type="checkbox"/> <b>Drawing(s)</b> (35 U.S.C. 113) [Total Sheets <u>      </u>]</p><p>5. <b>Oath or Declaration</b> [Total Sheets <u>      </u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p><p>6. <input type="checkbox"/> <b>Application Data Sheet.</b> See 37 CFR 1.76</p></div><div style="width: 48%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. <b>Nucleotide and/or Amino Acid Sequence Submission</b> <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <b>Specification Sequence Listing on:</b> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div>		<b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____	
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation    <input checked="" type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: 13064US01</p> <p>Prior application information:                      Examiner: <u>Richard D. Lovering</u>    Art Unit: <u>1712</u></p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
<b>19. CORRESPONDENCE ADDRESS</b>			
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 10px;">23446</span></div><div>OR <input type="checkbox"/> Correspondence address below</div></div>			
<b>Name</b>		McAndrews, Held & Malloy, Ltd.	
<b>Address</b>		500 West Madison Street Suite 3400	
<b>City</b>	Chicago	<b>State</b>	IL
<b>Country</b>	USA	<b>Zip Code</b>	60661
<b>Telephone</b>	(312) 775-8000	<b>Fax</b>	(312) 775-8100
<b>Name (Print/type)</b>	David Z. Petty	<b>Registration No. (Attorney/Agent)</b>	52,119
<b>Signature</b>	<i>David Z. Petty</i>	<b>Date</b>	August 5, 2003

03915 U.S. PTO  
10/634618  
08/05/03

13408 U.S. PTO  
08/05/03

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> Patent Fees are subject to annual revision.		<b>Complete if Known</b>	
		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
Group Art Unit			
TOTAL AMOUNT OF PAYMENT		(\$) <b>750.00</b>	
Attorney Docket No.		13064US02	

<b>METHOD OF PAYMENT</b> 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: <b>13-0017</b> Deposit Account Name: <b>McAndrews Held &amp; Malloy</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				<b>FEE CALCULATION</b> 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 750</td> <td>2001 375</td> <td>Utility filing fee</td> <td><b>750.00</b></td> </tr> <tr> <td>1002 330</td> <td>2002 165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003 520</td> <td>2003 260</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004 750</td> <td>2004 375</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3"><b>SUBTOTAL (1)</b></td> <td><b>(\$)<b>750.00</b></b></td> </tr> </tbody> </table> 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 84</td> <td>2201 42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 280</td> <td>2203 140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 84</td> <td>2204 42</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3"><b>SUBTOTAL (2)</b></td> <td><b>(\$)<b>0.00</b></b></td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1001 750	2001 375	Utility filing fee	<b>750.00</b>	1002 330	2002 165	Design filing fee		1003 520	2003 260	Plant filing fee		1004 750	2004 375	Reissue filing fee		1005 160	2005 80	Provisional filing fee		<b>SUBTOTAL (1)</b>			<b>(\$)<b>750.00</b></b>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1202 18	2202 9	Claims in excess of 20		1201 84	2201 42	Independent claims in excess of 3		1203 280	2203 140	Multiple dependent claim, if not paid		1204 84	2204 42	**Reissue independent claims over original patent		1205 18	2205 9	**Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>			<b>(\$)<b>0.00</b></b>																																																																
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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	David Z. Petty	Registration No. (Attorney or Agent)	52,119	Telephone	(312) 775-8000
Signature	<i>David Z. Petty</i>	Date	August 5, 2003		

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